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CONSUMER DEBT RESOLUTION CONSULTANTS, INC.				(II)	FILED				
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2. Principal F	Place of Business	3. Mailing Address	L Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	de .	City & State			4. FEI Number 65-0600310 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status		8.75 Addi		
	6. Name and Address of Current F	legistered Agent	Nav-		7. Name and Address	s of New Registered Ag	jent	===	
•				Name					
GLASER, 11900 BI	Street	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 80						1			
MIAMI FL 33181			City			FL	Zip Code	,	
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registere	ed agent, or both, in the	state of Florida.	٠		
1	$N_{ij} = N_{ij}$							}	
SIGNATURE .	· · · ·							\	
	Signature, typed or printed name a registered agent a	nd title if applicable. (NOTE	E: Registered Agent sign	ature (aquired	when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25	9. Flection Car	npaign Financing		\$5.00 v	Make Check I	Davahla t		
After Sept	Contribution.		Added to Fees Department of State						
10.	OFFICERS AND DIR		11.	A	ODITIONS/CHANGES T				
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CITY-ST-ZIP	pertify that the information supplied with t	his filing does not qualify for	the exemption sta	ated in Sec	tion 119 07/3Vi) Elevida	Statutos further codifi-	that the inf	ormation	
indicated of the corr	pertry that the information supplied with it on this report or supplemental report is to poration or the receiver or trustee empower or on an attact ment with an address, with an address, with an address.	rue and accurate anathat m vered to execute this report:	ara exemption sta ny signature shall l as required by Ch	have the se apter 617	ame legal effect as if ma Fiorida Statutes: and the	de under oath; that I am at my name appears in P	an officer officer for F	r director	
changed,	or on an attachment with an address, wi	th all other like empowered.	4 55 57 611			4			
SIGNAT	URE: WAGNETA	<u>re</u> reciuir	ED		and	1			
••		HTED NAME OF SIGNING OFFICER O	OR DIRECTOR		Date	- Daytir	ne Phone #		

1/25/01-90241-033-\$61.25-\$61.25



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

September 18, 2001

CONSUMER DEBT RESOLUTION CONSULTANTS, INC. 524 41ST STREET 302 MIAMI, FL 33140 US

Subject: CONSUMER DEBT RESOLUTION CONSULTANTS, INC.

Reference

N95000003490

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$142.50; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, . PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ ANNIHAL REPORTS SECTION